



**TOWN OF HARWICH WATER DEPARTMENT
CROSS CONNECTION PLAN APPROVAL
BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET**

APPLICATION MUST INCLUDE A DRAWING OF THE DEVICE INSTALLATION AND LOCATION,
INCLUDING MEASUREMENTS FROM WALLS AND FLOORS. ONE DEVICE PER APPLICATION

All devices must be installed in accordance with Commonwealth of Massachusetts drinking water regulations 310 CMR 22.22.

Owner	
Property Address	
Contact	Phone/Email

Installer	
Contact	Phone/Email

Device Data:

Is this facility: NEW EXISTING
 Is this device: NEW REPLACEMENT
 Is this for a Fire Sprinkler System? YES NO

Device Type: Reduced Pressure **(RP)** Double Check **(DC)** Pressure Vacuum Breaker **(PVB)**

Bypass Arrangement? YES NO

Antifreeze? YES NO

Water Unit: HOT COLD

Maker	Model#	Serial#	Size
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Location of Device

What type of contamination is the water supply protected from?

Type of Gate Valve (valves for fire systems must be UL or FM approved)

Is Device alarmed? YES NO If yes, what type?

Device Maintenance and Testing Schedules:

Describe the maintenance and testing schedule of the above device(s) (please refer to 310 CMR 22.22)

Cross Connection Plan Submittal Requirements:

Plumbing Plan:

- 1. Completed title block (name of facility, address, date, preparer, scale, etc.)
- 2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11") using accepted symbols and nomenclature, detailing:
 - (a) Clearances in device installation
 - (b) Location of upstream and downstream shutoff valves
 - (c) Make, model, size and alignment of device
 - (d) Location of potable water lines
 - (e) System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)

When installations of devices involve large or complex plumbing systems, formal prints must be submitted with a professional engineers stamp, subject to the description of the reviewing authority.

Sprinkler/Plumber Agent Signature

Sprinkler Fitter/Plumber Signature

Sprinkler Fitter/Plumber License #

PLEASE COMPLETE AND RETURN THIS FORM BY ONE OF THE FOLLOWING METHODS:

Mail: Harwich Water Department, 196 Chatham Rd, Harwich, MA 02645

Email: billing@harwichwater.com

Fax: 888-774-3557

DEPARTMENT INFORMATION:

Address: 196 Chatham Road, Harwich, Massachusetts 02645

Phone: 508-432-0304

Web: www.harwichwater.com

-----OFFICE USE ONLY-----

APPROVED DENIED COMMENTS:

Authorization Stamp: